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22852 7590 07/18/2007

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901 NEW YORK AVENUE, NW WASHINGTON, DC 20001-4413

(Depositors nam (Signal (Date

ATTORNEY DOCKET NO CONFERMATION NO APPLICATION NO FILING DATE FIRST NAMED INVENTOR Mikio Oomori 04329 3297 8613 10/814.299 04/01/2004

ITTLE OF INVENTION: SETUP SUPPORT SYSTEM, PHYSICAL ACCESS DRIVER, AND SETUP SUPPORT METHOD

APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL PEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/18/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS]			
RAHMAN	, FAHMIDA	2116	713-001000				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.53). A Change of correspondence address (or Change of Correspondence Address form FTOSBH 22) attached. The Address' indication (or "Fee Address' Indication form FTOSBH 27, Rev (3-)2 or more recent) attached. Use of a Customer Number is required.			For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a		Finnega	Finnegan, Henderson,	
					Farabow	, Farabow, Garrett &	
			registered attorney or	agent) and the names of up orneys or agents. If no nam	pto Dunnar	Dunner, L.L.P.	
LASSIGNEE NAME	AND RESIDENCE DAT	A TO BE PRINTED ON	THE PATENT (print or ty	ne)			

PLEASE NOTE. Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE

X Issue Fee

Tokyo, Japan

Kabushiki Kaisha Toshiba

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) la. The following fee(s) are submitted:

A check is enclosed. XI Publication Fee (No small entity discount permitted)

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M The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-0916. (enclose an extra copy of this form).

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□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). → a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27

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OCT 1 0 2007 thorized Signature Date ERNEST F. CHAPMAN Richard V. Burgujian 31,744

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